US Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND SERVICE STATES OF THE SERVICE STATES OF THE SERVICE SERVICE STATES OF THE SERVICE SE

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Falkure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
	7/2/2004 Through. [2] / 3/1 / 3/25/
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name MAURICE R LEARY	Name NIC DISTRICT CONSCIL OF CALPENTERS STUDIALES OF MARGICE
,	Labor Organization File Number 32922
P O Box, Bldg., Room No., if any	P O Box, Building and Room Number, if any
Street 395-HUSON STREET	Street 395-HUSSA STREET
City New York	city New York
State NEW YORK ZIP Code + 4 10	2014 State New York ZIP Code + 4 /0014
5 Position in labor organization	EDLESKA TOTIVE
Enter appropriate data below if, during the past fiscal year, you see the second as specific	u or your spouse or minor child directly or indirectly had any of the following interests ed in the exclusions set forth in the instructions): अन्य Spins । असन्य महिन्द्र के प्रस्ति है । अस्ति विकास
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Telephone Number

Contractor

Name of Person Filing	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
B. Name and address of Business (including trade name, if any). Name Trade Name, if any P O Box, Bidg., Room No , if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b. Trust c. Employer	
10 If 9 b. or 9 c. is checked give trust or employer's name Name Trade Name, if any P O. Box, Bidg , Room No , if any	11 a Nature of such dealing	
City ZiP Code + 4	11 b. Approximate dollar value of such dealing. 12 a Nature of interest held or income received	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bidg., Room No., if any Street City State ZiP Code + 4	14 a. Nature of payment.	
13.b. is the Business an Employer or Consultant ?	14 b Amount of payment.	